



State of Tennessee

Department of Health

**Tennessee Board for Professional Counselors, Marital and Family Therapists
and Clinical Pastoral Therapists**

**665 Mainstream Drive
Nashville, TN 37243**

(615) 741-5735

1-800-778-4123 ext. 741-5735

<http://tennessee.gov/health/topic/pcmft-board>

Applications and Procedures for

**Licensed Professional Counselor and Licensed Professional Counselor with
Mental Health Services Provider Designation and Temporary Licensed
Professional Counselor with MHSP Designation**

QUALIFICATION FOR LICENSURE AS A LICENSED PROFESSIONAL COUNSELOR WITHOUT MENTAL HEALTH SERVICE PROVIDER DESIGNATION

Professional Counselor by Examination. To be eligible to submit an application, a candidate must show completion of the following:

- Be at least 18 years of age.
- Must provide evidence that he/she is highly regarded in moral character and professional ethics (Rule 0450-01-.05)(b) by providing letter from two licensed mental health professionals.
- Education. The educational requirements must be completed prior to the date of application.
 1. Sixty (60) graduate semester hours, based upon a program of studies with a major in counseling, completed from an institution accredited by the Southern Association of Colleges and Schools, the Counsel for Accreditation of Counseling and Related Educational Programs, or a comparable accrediting body.
 2. The graduate coursework should include, but is not limited to, core areas of (one course may satisfy study in more than one of the study areas):
 - (i) Theories of human behavior, learning and personality;
 - (ii) Abnormal behavior;
 - (iii) Theories of counseling and psychotherapy;
 - (iv) Evaluation and appraisal procedures;
 - (v) Group dynamics, theories and techniques;
 - (vi) Counseling techniques;
 - (vii) Multicultural counseling;
 - (viii) Ethics;
 - (ix) Research; and
 - (x) Clinical practicum or internship (pursuant to T.C.A. § 63-22-104)
- A minimum of two (2) years of supervised post master professional experience consisting of not less than ten (10) hours per week and fifty (50) contact hours of supervision per year as defined by Rule 0450-01-.10 (1)(d). (One thousand (1000) total clinical hours one hundred (100) total hours of supervision).
- Pass the examinations pursuant to Rule 0450-01-.08(e). (NCE and Tennessee Jurisprudence)
- Until receipt of a license to practice as a Professional Counselor, an applicant will be required to practice under supervision, pursuant to Rule 0450-01-.10(f).

QUALIFICATION FOR LICENSURE AS A LICENSED PROFESSIONAL COUNSELOR WITH MENTAL HEALTH SERVICE PROVIDER DESIGNATION (LPC/MHSP).

Professional Counselor by Examination with MHSP designation. To be eligible to submit an application, a candidate must show completion of the following:

- Be at least 18 years of age.
- Provide evidence that he or she is highly regarded in moral character and professional ethics. By presenting two (2) letters of recommendation from licensed mental health professionals.
- Education. The educational requirements must be completed prior to the date of application.
 1. Sixty (60) graduate semester hours, based upon a program of studies with a major in counseling, completed from an institution accredited by the Southern Association of Colleges and Schools, the Council for the Accreditation of Counseling and Related Educational Programs, or a comparable accrediting body;
 2. The graduate coursework should include, but is not limited to, the following core areas (one course may satisfy study in more than one of the study areas):
 - (i) Theories of human behavior, learning and personality;
 - (ii) Abnormal behavior;
 - (iii) Theories of counseling and psychotherapy;
 - (iv) Evaluation and appraisal procedures;
 - (v) Group dynamics, theories and techniques;
 - (vi) Counseling techniques;
 - (vii) Multicultural counseling;
 - (viii) Ethics;
 - (ix) Research; and
 - (x) Clinical practicum or internship (pursuant to T.C.A. § 63-22-104);
 - (xi) Use of the DSM;
 - (xii) Treatment and treatment planning
- Pursuant to T.C.A. § 63-22-120, a minimum of nine (9) graduate semester hours of coursework must be “specifically related to diagnosis, treatment, appraisal and assessment of mental disorders.” This will be interpreted to mean passing nine (9) semester hours, either during the course of a graduate degree or as post-graduate work, in courses in which diagnosis, treatment and treatment planning, appraisal and assessment of mental disorders, psychopathology, and the use of the DSM were the entire focus of the course or comprised a substantial portion of the course work.
- Meet the following requirements for post-masters professional experience:
 1. Complete three thousand (3,000) hours of supervised post-masters professional experience, including one hundred and fifty (150) contact hours of supervision obtained pursuant to Rule 0450-01-.10(6).
 2. One thousand and five hundred (1500) of the three thousand (3000) hours of supervised post-masters professional experience shall be face-to-face client contact hours.
 3. One thousand and five hundred (1500) of the three thousand (3000) hours of supervised post-masters professional experience shall be clinically-related activities.
- Pass the National Counselors Examination, the National Clinical Mental Health Counseling Examination, and the Tennessee Jurisprudence Exam pursuant to Rule 0450-01-.08.

TEMPORARY LICENSURE FOR LICENSED PROFESSIONAL COUNSELOR WITH MENTAL HEALTH SERVICE PROVIDER DESIGNATION (LPC/MHSP)

- An applicant for licensure as an LPC/MHSP may file an application for temporary licensure by submitting the non-refundable application fee required by Rule 0450-01-.06, and an application for licensure with all required documentation, pursuant to procedures outlined in paragraph (4) of this rule, except as follows:
 1. The applicant need not show proof of the post-master's supervisory hours required by Rule 0450-01-.05(4)(k).
 2. The applicant need not show proof of having passed the National Clinical Mental Health Counseling Examination or the Tennessee Jurisprudence Examination.
 3. The applicant must submit information about the proposed supervisor or supervisors, including proof that the supervisor meets the qualifications of Rule 0450-01-.10(1) and a copy of the proposed supervisory agreement or employment contract.
- No person may be issued more than one (1) temporary license, nor shall a temporary license be valid for more than three (3) years.
- If an applicant is granted a temporary license, the license shall remain valid until the Board grants or denies the regular license application or until it shall become invalid for any of the following reasons:
 1. Expiration of the three (3) year period.
 2. Failure to continue in supervision during the three (3) year period the license may be valid.
 3. Change of supervisors without notifying the Board, submitting the credentials of the proposed supervisor and obtaining the Board's approval.
- When a temporary license holder is notified by the Board that his temporary license is invalid for any reason, the applicant shall return the temporary license to the Board office within ten (10) days. The applicant is expected to cause his supervisor to notify the Board of any reason he is aware of that the license should become invalid. The Board will notify the supervisor when the temporary license becomes invalid.
- To replace the temporary license with a regular license for LPC/MHSP, the applicant shall:
 1. Notify the Board in writing of intention to seek licensure, using the form provided by the Board.
 2. Present proof of the following:
 - a. Completion of the required Post Master's supervised experience in a clinical setting which meets the requirement of Rule 0450-01-.10; and
 - b. Passage of the National Clinical Mental Health Counseling Examination and the Tennessee Jurisprudence Examination.
 3. Upon receipt of the materials specified in Parts 1 and 2 the Board shall consider the previously submitted licensure application appropriately supplemented and grant or deny the regular license application, based on satisfactory completion of all requirements for licensure.
- If an applicant is granted a temporary license, the license shall remain valid until the Board grants or denies the regular license application or until it shall become invalid for any of the following reasons:
 1. Expiration of the three (3) year period.
 2. Failure to continue in supervision during the three year period the license may be valid.
 3. Change of supervisors without notifying the Board, submitting the credentials of the proposed supervisor and obtaining the Board's approval.
- When a temporary license holder is notified by the Board that his temporary license is invalid for any reason, the applicant shall return the temporary license to the Board office within ten (10) days. The applicant is

expected to cause his supervisor to notify the Board of any reason he is aware of that the license should become invalid. The Board will notify the supervisor when the temporary license becomes invalid.

To replace the temporary license with a regular license for LPC/MHSP, the applicant shall:

- Notify the Board in writing of intention to seek licensure, using the form provided by the Board.
- Present proof of the following:
 1. Completion of the required Post Master's supervised experience in a clinical setting which meets the requirements of Rule 0450-01-.10; and
 2. Passage of the National Clinical Mental Health Counseling Examination and the Tennessee Jurisprudence Examination.
- Upon receipt of the materials specified in Parts 1 and 2 the Board shall consider the previously submitted licensure application appropriately supplemented and grant or deny the regular license application, based on satisfactory completion of all requirements for licensure.

Up Grade from Certified Professional Counselor (CPC) Status to License Professional Counselor Status:

- Individuals certified on July 1, 1991, as professional counselors may upgrade from certification to licensure by any of the following methods:
 1. Providing a copy of his current CPC renewal certificate and verification to the board's satisfaction, that he/she has had five (5) year's work experience, pursuant to Rule 0450-01-.14, as a certified professional counselor.
 2. Providing a copy of his current CPC renewal certificate and evidence that he has been certified by the National Board of Certified Counselors.
 3. Providing a copy of his current CPC renewal certificate and complying with the requirements pursuant to Rule 0450-01-.04(1).
- Upgrading from Certified Associate Professional Counselor Status to Licensed Professional Counselor Status
 1. Any person certified as an Associate Counselor on July 1, 1991, shall be deemed to be a Certified Professional Counselor, but only for the purpose of upgrading to Licensed Professional Counselor.
 2. For the purpose of upgrading to Licensed Professional Counselor from Certified Associate
 3. Counselor, the board will accept a passing score on the Professional Exam Service examination, which was previously required for Associate Professional Counselors, as fulfilling the requirement of Rule 0450-01-.08.

APPLICATION PROCESS FOR LICENSED PROFESSIONAL COUNSELOR

SECTION I

LICENSED PROFESSIONAL COUNSELOR BY EXAMINATION:

CHECK LIST FOR PROFESSIONAL COUNSELOR

You send	You request others to send
<p>_____ Completed and signed application.</p> <p>_____ Fees of \$210.00 (\$200.00 application fee plus \$10.00 State regulatory fee) payable to the Board for LPC/MFT/CPT.</p> <p>_____ Passport-style photograph taken within the last twelve months.</p> <p>_____ Notarized Declaration of Citizenship form.</p> <p>_____ Certified copy of birth certificate.</p> <p>_____ Two letters of recommendation from Licensed Mental Health Professionals.</p> <p>_____ Completed Course Work Summary work Sheet. (See pages 14 &15)</p> <p>_____ Verification of completion of a minimum of two (2) years supervised post master's experience. (See pages 17& 18)</p> <p>_____ Completed Mandatory Practitioner Profile Questionnaire (<i>mail with the application</i>)</p> <p>http://tennessee.gov/assets/entities/health/attachments/PH-3585.pdf</p>	<p>_____ Official transcripts</p> <p>_____ Verification of licensure, if licensed in other jurisdiction regardless of the status of the license (i.e., inactive) (See page 19)</p> <p>_____ NCE exam results from the NBCC</p> <p>_____ Tennessee Jurisprudence exam</p> <p>_____ Criminal Background Check</p> <p>http://tennessee.gov/health/topic/CBC-check</p>

Licensed Professional Counselor by reciprocity:

- The Board may issue a license to any individual who holds a current professional counselor license from another state of the United States which has entered into a mutual reciprocity agreement with the Tennessee Board for Professional Counselors, Marital and Family Therapists, and Clinical Pastoral Therapists and who meet the qualifications stated in Rule 0450-01-.04(3). **At this time, Kentucky is the only state who has entered into a reciprocal agreement with Tennessee.** All other applicants must meet current requirements for licensure by examination.

**APPLICATION PROCESS
FOR LICENSED PROFESSIONAL COUNSELOR (LPC) WITH MENTAL HEALTH SERVICE
PROVIDER (MHSP) DESIGNATION**

SECTION II

LICENSED PROFESSIONAL COUNSELOR/MHSP:

CHECK LIST FOR PROFESSIONAL COUNSELOR/MHSP

You send	You request others to send
<p>_____ Completed and signed application.</p> <p>_____ Fees of \$210.00 (\$200.00 application fee plus \$10.00 State regulatory fee) payable to the Board for LPC/MFT/CPT.</p> <p>_____ Passport-style photograph taken within the last twelve months.</p> <p>_____ Notarized Declaration of Citizenship form.</p> <p>_____ Certified copy of birth certificate.</p> <p>_____ Two letters of recommendation from Licensed Mental Health Professionals.</p> <p>_____ Completed Course Work Summary work Sheet. (pages 14 & 15)</p> <p>_____ Verification of completion of a minimum of two (2) years supervised post master's experience. (pages 17 & 18)</p> <p>_____ Completed Mandatory Practitioner Profile Questionnaire (mail with the application) http://tennessee.gov/assets/entities/health/attachments/PH-3585.pdf.</p>	<p>_____ Official transcripts.</p> <p>_____ Verification of licensure, if licensed in other jurisdiction regardless of the status of the license (i.e., inactive) (See page 19).</p> <p>_____ NCE, NCMHCE, and Tennessee Jurisprudence exam results from the NBCC.</p> <p>_____ Criminal Background Check. http://tennessee.gov/health/topic/CBC-check</p>

Licensed Professional Counselor with Mental Health Service Provider designation by reciprocity:

- The Board may issue a license to any individual who holds a current professional counselor license from another state of the United States which has entered into a mutual reciprocity agreement with the Tennessee Board for Professional Counselors, Marital and Family Therapists, and Clinical Pastoral Therapists, and who meets the qualifications stated in Rule 0450-01-.04(3). **At this time, Kentucky is the only state who has entered into a reciprocal agreement with Tennessee.** All other applicants must meet current requirements for licensure by examination.

**APPLICATION PROCESS BY RECIPROCITY (KENTUCKY ONLY)
FOR LICENSED PROFESSIONAL COUNSELOR (LPC) WITH
MENTAL HEALTH SERVICE PROVIDER (MHSP) DESIGNATION**

SECTION II A

Please note that this agreement applies only to individuals eighteen (18) years of age or older who were properly licensed according to the statutes and rules of the home state and who demonstrate five (5) years of experience working as an LPCC or LPC/MHSP.

LICENSED PROFESSIONAL COUNSELOR/MHSP BY RECIPROCITY.: (Kentucky only)

CHECK LIST FOR PROFESSIONAL COUNSELOR/MHSP

You send	You request others to send
<p>_____ Completed and signed application. (applicants by reciprocity (Kentucky only) do not complete pages 15-19).</p> <p>_____ Fees of \$210.00 (\$200.00 application fee plus \$10.00 State regulatory fee) payable to the Board for LPC/MFT/CPT.</p> <p>_____ Passport-style photograph taken within the last twelve months.</p> <p>_____ Notarized Declaration of Citizenship form.</p> <p>_____ Certified copy of birth certificate.</p> <p>_____ Two letters of recommendation from Licensed Mental Health Professionals.</p> <p>_____ Completed Mandatory Practitioner Profile Questionnaire (mail with the application) http://tennessee.gov/assets/entities/health/attachments/PH-3585.pdf</p>	<p>_____ Verification of licensure, if licensed in other jurisdiction regardless of the status of the license (i.e., inactive) (See page 19).</p> <p>_____ Tennessee Jurisprudence Prudence exam results from the NBCC.</p> <p>_____ Criminal Background Check. http://tennessee.gov/health/topic/CBC-check</p>

APPLICATION PROCESS FOR TEMPORARY LICENSED PROFESSIONAL COUNSELOR (LPC) WITH MENTAL HEALTH SERVICE PROVIDER (MHSP) DESIGNATION

SECTION III

LICENSED PROFESSIONAL COUNSELOR WITH MENTAL HEALTH SERVICE PROVIDER DESIGNATION BY TEMPORARY:

CHECK LIST FOR TEMPORARY PROFESSIONAL COUNSELOR

You Send	You request others to send
<p>_____ Completed and signed application with Temporary application.</p> <p>_____ Fees of \$360.00 (\$200.00 application fee, \$150.00 temporary license fee plus \$10.00 State regulatory fee) payable to the Board for LPC/MFT/CPT.</p> <p>_____ Passport-style photograph taken within the last twelve months.</p> <p>_____ Notarized Declaration of Citizenship form.</p> <p>_____ Certified copy of birth certificate.</p> <p>_____ Two letters of recommendation from Licensed Mental Health Professionals.</p> <p>_____ Completed Course Work Summary work Sheet. (pages 14 & 15)</p> <p>_____ Request for Temporary Licensure. (page 16)</p> <p>_____ Completed Mandatory Practitioner Profile Questionnaire (mail with the application) http://tennessee.gov/assets/entities/health/attachments/PH-3585.pdf.</p>	<p>_____ Official transcripts</p> <p>_____ Verification of licensure, if licensed in other jurisdiction regardless of the status of the license (i.e., inactive) (page 19)</p> <p>_____ NCE exam results from the NBCC</p> <p>_____ Criminal Background Check http://tennessee.gov/health/topic/CBC-check</p>

SECTION III A

To replace the temporary license with the regular license for LPC/MHSP, the applicant must do the following:

You Send	You request others to send
<p>_____ Completed and signed upgrade application. (page 11 only)</p> <p>_____ Verification of completion of a minimum of two (2) years supervised post master's experience. (pages 17&18)</p>	<p>_____ NCMHCE and Tennessee Jurisprudence exam results from the NBCC</p>

APPLICATION PROCESS FOR LICENSED PROFESSIONAL COUNSELOR BY UPGRADE

CHECK LIST FOR LICENSED PROFESSIONAL COUNSELOR BY UPGRADE

You Send	You request others to send
<p>_____ Completed and signed application</p> <p>_____ Fees of \$60.00 (\$50.00 application fee plus \$10.00 State regulatory fee) payable to the Board for LPC/MFT/CPT.</p> <p>_____ Passport-style photograph.</p> <p>_____ Notarized Declaration of Citizenship form.</p> <p>_____ Certified copy of birth certificate.</p> <p>_____ Two letters of recommendation from Licensed Mental Health Professionals.</p> <p>_____ Completed Course Work Summary work Sheet. (pages 14 & 15)</p> <p>_____ Completed Mandatory Practitioner Profile Questionnaire (mail with the application) http://tennessee.gov/assets/entities/health/attachments/PH-3585.pdf.</p>	<p>_____ Verification of licensure, if licensed in other jurisdiction regardless of the status of the license (i.e., inactive) (page 19)</p> <p>_____ NCE exam results from the NBCC (if applicable)</p> <p>_____ Criminal Background Check http://tennessee.gov/health/topic/CBC-check</p>

UNDERSTANDING THE APPLICATION PROCESS

1. **All application fees are non-refundable.**
2. All documents and fees required to be submitted by you or those that must be requested from the appropriate institutions in this application process, must be mailed directly to:

**Tennessee Board for Professional Counselors, Marital and Family Therapists
and Clinical Pastoral Therapists
665 Mainstream Drive
Nashville, TN 37243 (37228 for courier service only)**

3. **Allow at least fourteen (14) working days** for information mailed to our office to be received and placed in your file. Federal Express or special courier services will not reduce the processing time. Additionally, if Federal Express or special courier services are used, you will be responsible for charges incurred. (The Board asks that you please give the Board office every consideration in this matter.)
4. Please do not telephone the Board office for updates on your application. We are unable to give updates over the telephone as this slows down the application process. Thank you for your cooperation.
5. If necessary documentation has not been received when your application is received by the Board office, an initial deficiency letter will be sent to you. The supporting documentation requested in the letter must be received in the Board office no later than sixty (60) days from the date of the initial deficiency letter. **(Files not completed within sixty (60) days will be closed.)**
6. Absent any complicating factors, the average application processing time is eight (8) weeks. Once the application is completed, your file will be reviewed and an initial licensure determination made. You will be promptly notified by letter of the initial determination.
7. **If an address change occurs at any time during the application process, you must immediately notify the Board office in writing.**
8. It is recommended that you do not make arrangements to accept employment as a Professional Counselor in Tennessee until you are granted a license number by the Board for Professional Counselors, Marital and Family Therapists and Clinical Pastoral Therapists.

Attach
Photo Here



3166-001	\$200.00
3166-001	\$ 50.00
3166-001	\$150.00
3166-006	\$ 10.00

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE AND REGULATION
**BOARD FOR PROFESSIONAL COUNSELORS, MARITAL & FAMILY THERAPISTS
AND CLINICAL PASTORAL THERAPISTS**
665 MAINSTREAM DRIVE
NASHVILLE, TENNESSEE 37243
<http://tennessee.gov/health/topic/pcmft-board>
(800) 778-4123, ext. 741-5735
(615) 741-5735

APPLICATION FOR LICENSE AS A PROFESSIONAL COUNSELOR (LPC)

Please select one:

_____ **LPC** _____ **LPC/MHSP** _____ **Temporary** _____ **Reciprocity (KY only)**
_____ **Upgrade from temporary to full LPC/MHSP** _____ **Upgrade from CPC to LPC**

NAME _____
First Middle and/or Maiden Last

Have you ever been known by any other name besides what is listed above? Yes _____ No _____

If yes, please state in full every other name by which you have been know. _____

DATE OF BIRTH _____ SOCIAL SECURITY # _____
You must put your social security number on this form for the application to be complete. State and federal law require social security numbers on this application. Tenn. Code. Ann. §36-5-1301(a), as authorized by 42 U.S.C. § 405(c)(2)(C)(i). The number will be used to verify your identity, to ask questions about your financial responsibility, and for any other purpose allowed by state or federal law. When you provide your social security number on this application and sign the form, you are agreeing that the Department of Health may use your social security number in furtherance of federal and state law, for example, to collect delinquent fees.

U. S. CITIZEN: Yes _____ No _____

All applicants must complete the attached Declaration of Citizenship form. (except if applying for upgrade temporary to full LPC/MHSP).

CURRENT HOME MAILING ADDRESS:

CURRENT PRACTICE ADDRESS:

HOME PHONE # () _____

WORK PHONE # () _____

E-Mail Address: _____

Work Email Address: _____

Do you wish to receive notifications, including renewal notification, from the Department of Health via email? _____ Yes _____ No

List all states where you currently have or have ever had a Professional Counselor license.

COMPETENCY INFORMATION

PLEASE ANSWER THE FOLLOWING QUESTIONS. If any answers to questions in this part are in the affirmative, attach an explanation on a separate sheet. **In support of your explanation, the final documents or orders from the issuing states, courts and/or agencies must be submitted along with this application.**

For the purposes of these questions, the following phrases or words have the following meanings:

1. **“Ability to practice professional counseling”** is to be construed to include all of the following:
 - a. The cognitive capacity to make appropriate diagnosis or evaluation, exercise reasoned judgment, to learn and keep abreast of professional counseling developments;
 - b. The ability to communicate those judgments and information to clients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
 - c. The physical capability to perform required tasks and procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.
2. **“Medical Condition”** includes physiological, mental or psychological conditions or disorders, such as, but not limited to; orthopedic, visual, speech and/or hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.
3. **“Chemical substances”** is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber’s direction, as well as those used illegally.
4. **“Currently”** does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather it means recently enough so that the use of drugs or alcohol may have an ongoing impact on one’s functioning as a licensee or within the past two (2) years.
5. **“Illegal use of controlled substances”** means the use of controlled substances obtained illegally (e.g., heroin, or cocaine) as well as the use of controlled substances that are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

QUESTIONS:

YES

NO

1. Do you currently have a medical condition which in any way impairs or limits your ability to practice professional counseling with reasonable skill and safety?

a. If yes, are they reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program?
b. If you have any limitations or impairments caused by an existing medical condition, are they reduced or ameliorated because of the field of practice, the setting or the manner in which you have chosen to practice?

[If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individual assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license should be issued, whether conditions should be imposed or whether you are not eligible for licensure.]

QUESTIONS:

YES

NO

2. Do you currently use chemical substances?

a. If yes, do they in any way impair or limit your ability to practice professional counseling with reasonable skill and safety?
3. Are you currently engaged in the illegal use of controlled substances?

- a. If yes, are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not engaged in the illegal use of controlled substances? _____
4. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism? _____
5. If you have ever held or applied for a license or certificate to practice professional counseling in any state, country, or province, has it or was it ever been denied, reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action? _____
6. If you have ever held staff privileges at any hospital or health care facility have they ever been revoked, suspended, curtailed, restricted, limited, or otherwise disciplined or voluntarily surrendered under threat of restriction or disciplinary action? _____
7. Have you ever applied for and been denied a state or federal controlled substance certificate? _____
- a. If you have possessed such a certificate has it ever been revoked, suspended, restricted, otherwise disciplined, or voluntarily under threat of investigation or disciplinary action? _____
8. Have you ever been convicted of a felony or a misdemeanor other than a minor traffic offense? _____
9. Have you ever been rejected or censured by a professional association? _____
10. In relation to the performance of your professional services in any profession:
- a. Have you ever had a final judgment rendered against you; _____
- b. Have you ever had settlement of any legal action rendered against you; or _____
- c. Are there any legal actions pending against you or to which you are a party? _____
11. If you have ever held a license or certificate in any health care profession, has it ever been reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action? _____

APPLICANT: FILL OUT THE FOLLOWING AFFIDAVIT IN THE PRESENCE OF A NOTARY PUBLIC

AFFIDAVIT AND RELEASE

I, _____, of _____
(Applicant's Name) (City) (State)

being duly sworn and identified as the person referred to in this application, and signed photos attests to the truth of each statement made in said application. I further swear that I have read and understand the statute and the Rules and Regulations, which were enclosed in the application packet, and agree to abide by them in the practice of professional counseling in the State of Tennessee.

I HEREBY:

SIGNIFY my willingness to appear to answer such questions as the Board may find necessary, which may include a full Board interview.

RELEASE to the Board, its staff and their representatives, any and all documentation necessary now and in the future to establish my physical and mental capabilities to safely practice professional counseling.

AUTHORIZE release, use of disclosure of otherwise HIPAA protected health information to the limited extent necessary for my application to receive full consideration up to and including discussion in a public forum should that become necessary.

AUTHORIZE the board, its staff and their representatives to consult with my prior and current associates and others who may have information bearing on my professional competence, character, health status, ethical qualifications, ability to work cooperatively with others and other qualifications.

RELEASE from liability the Board, its staff and all their representatives and any and all organizations that provide information for their acts performed and statements made in good faith and without malice concerning my competence, ethics, character and other qualifications for licensure.

ACKNOWLEDGE that I, as an applicant for licensure, have the burden of producing adequate information for a proper evaluation of my professional, ethical, other qualifications and for resolving any doubts about such qualifications.

THIS CERTIFIES THAT THE INFORMATION SUBMITTED BY ME IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE

DATE

Sworn to before me this _____ day of _____, _____.

NOTARY PUBLIC

Affix Seal Here

My Commission expires _____

NAME: _____

SOCIAL SECURITY NUMBER: _____

COURSE WORK SUMMARY

All graduate courses, titles, and numbers listed on this page must also appear on the transcript(s) sent directly from your college or university to the Board's Administrative Office. If a course is taken in more than one (1) area, list the credit hours in **only one (1)** category.

COURSE CATEGORIES (Core Area)*CREDIT HOURSINSTITUTIONTHEORIES OF HUMAN BEHAVIOR, LEARNING
AND PERSONALITY_____

ABNORMAL BEHAVIOR AND PSYCHOPATHOLOGY

THEORIES OF COUNSELING AND PSYCHOTHERAPY

EVALUATION AND APPRAISAL PROCEDURES

GROUP DYNAMICS, THEORIES AND TECHNIQUES

COUNSELING TECHNIQUES

MULTICULTURAL COUNSELING

ETHICS

RESEARCH

USE OF THE DIAGNOSTIC AND STATISTICAL MANUAL

SOCIAL SECURITY NUMBER: _____

[illegible]

**REQUEST FOR TEMPORARY LICENSURE
AS A PROFESSIONAL COUNSELOR WITH
MENTAL HEALTH SERVICE PROVIDER DESIGNATION**

Applicant: If you desire a temporary license, have your supervisor complete this page, and add \$150 to the fee requested in instruction #2 on the first page of this application. Do not send this page separately; a request for temporary license must be returned with entire application.

NOTE: Documentation of the twelve (12) contact hours related to counseling supervision and other related supervision topics. Contact hours must be provided by an approved professional association or approved by a counseling related credentialing organization. This documentation must accompany this form.

Name of Applicant _____
(Please Print) Last First Middle

I, the undersigned, hereby accept responsibility for direct supervision of the above named applicant.

Name of Supervisor (Please Print)

License Number of Supervisor

Date of Initial License

Title of Supervisor's License:
(i.e., M.D., D.O., L.P.C./M.H.S.P., L.M.F.T., L.C.S.W., Lic. Psychologist)

If license is M.D. or D.O., are you certified by the American Board of Psychiatry and Neurology? ___ Yes ___ No

Supervisor's: Name: _____

Street Address: _____

City State Zip

Telephone #: (____) _____

Signature of Supervisor

Date

Subscribed and sworn to me this _____ day of _____, _____

Notary Public

My commission expires: _____

(SEAL)

**For Office Use Only
Temporary License**

Number _____

Issued _____

Expires _____

Extended _____

VERIFICATION OF SUPERVISED POST-MASTERS EXPERIENCE

PLEASE COMPLETE THIS FORM AND RETURN IT TO THE ADDRESS BELOW. ON YOUR LETTERHEAD STATIONERY, (PERSONAL OR AGENCY) DESCRIBE THE POST-MASTERS SUPERVISED CLINICAL EXPERIENCE, INCLUDING ALL LOCATIONS. **TYPE OR PRINT LEGIBLY.**

THE SUPERVISOR MUST COMPLY WITH THE FOLLOWING:

1. Been licensed as an LPC, LPC-MHSP, LMFT, licensed psychologist, psychiatrist or LCSW for at least five (5) years;
2. Comply with Section F of the current code of ethics adopted by the American Counseling Association, except to the extent that it conflicts with the laws of the State of Tennessee or the Rules of the Board.
3. Complete training in supervision as defined by the Rule 0450-01-.10(1)(d) and submit verification of the hours with this form.
4. Provide supervision based on the definition of supervision as defined by Rule 0450-01-.10(2).

TO BE COMPLETED BY THE APPLICANT'S SUPERVISOR

NAME OF APPLICANT: _____

SUPERVISOR'S NAME: _____

SUPERVISOR'S ADDRESS _____

SUPERVISOR'S LICENSE NUMBER _____

TITLE OF LICENSE (i.e. M.D., D.O., L.P.C./M.H.S.P., L.M.F.T., L.C.S.W., Lic. Psychologist/H.S.P.) _____

IF LICENSE IS M.D. OR D.O., ARE YOU CERTIFIED BY THE AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY?
_____ YES _____ NO

DATE OF INITIAL LICENSE: _____

EXPIRATION DATE OF LICENSE: _____

IS YOUR LICENSE IN GOOD STANDING? _____

HAVE YOU EVER HAD ANY DISCIPLINARY ACTION TAKEN AGAINST YOU OR YOUR LICENSE?
_____ YES _____ NO

IF YES, PLEASE EXPLAIN: _____

I HEREBY CERTIFY THAT I SUPERVISED: _____

THIS SUPERVISION INCLUDED: DATES OF SUPERVISION _____ TO _____

_____ TOTAL CLINICAL HOURS (INDIVIDUAL, GROUP, FAMILY)

_____ TOTAL OTHER HOURS (PAPERWORK, TRAINING, ETC)

_____ TOTAL INDIVIDUAL SUPERVISION HOURS _____ TOTAL GROUP SUPERVISION HOURS

I CERTIFY THAT THE INFORMATION GIVEN IS CORRECT.

SUPERVISOR'S SIGNATURE

DATE

SWORN TO BEFORE ME THIS _____ DAY OF _____, _____

NOTARY PUBLIC

MY COMMISSION EXPIRES _____

AFFIX SEAL HERE

SEND TO:

Board for LPC/MFT/CPT
665 Mainstream Drive
Nashville, TN 37243



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE AND REGULATION
**BOARD FOR PROFESSIONAL COUNSELORS, MARITAL & FAMILY THERAPISTS
& CLINICAL PASTORAL THERAPISTS**
665 MAINSTREAM DRIVE
NASHVILLE, TENNESSEE 37243
<http://tennessee.gov/health/topic/pcmft-board>
Toll Free (800) 778-4123, ext. 5325088
Local (615) 741-5735

CLEARANCE FROM OTHER STATE PROFESSIONAL COUNSELING LICENSING BOARDS

Please complete the top portion and mail this form to the regulatory board in each state where you hold or have ever held a license to practice as a Professional Counselor. (If additional forms are required, this form may be duplicated.)

NOTE: Some states require a fee for providing clearance information. In order to expedite your application, you may wish to contact the applicable state or states.

I was granted _____ on _____ by the State of _____
License # Date

The Tennessee Board for Professional Counselors, Marital and Family Therapists and Clinical Pastoral Therapists requests that I submit evidence that my license in your state is in good standing. You are hereby authorized to release any information in your files, favorable or otherwise, directly to the Tennessee Board for Professional Counselors, Marital and Family Therapists and Clinical Pastoral Therapists.

Date: _____ Signature: _____

SSN#: _____ Printed Name: _____

THIS PORTION IS TO BE COMPLETED BY STATE LICENSING BOARD

License Number: _____ Date Issued: _____

Basis of Issuance: _____ Examination: _____ National _____ State _____ Other
_____ Endorsement/Reciprocity
_____ Other

License currently registered: _____ Yes _____ No

Derogatory Information on File: _____ Yes _____ No

If "yes," please attach explanation.

Authorized Signature

Title

Printed Name

Date



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE
NASHVILLE, TN 37243

DECLARATION OF CITIZENSHIP

MUST ACCOMPANY ALL APPLICATIONS FOR INITIAL LICENSURE OR REINSTATEMENT OF LICENSURE

The "SAVE Act" requires Tennessee Department of Health (including all Boards, Commissions, and contractors), along with every local health department in the State, to verify that *every adult* applicant for a professional license is either a U.S. citizen, a "qualified alien," or a nonimmigrant who meets the requirements set out at 8 U.S.C. 1621.

I am a(n) _____
Healthcare Profession (Please Print) License number if applicable

Please Print Legibly

1. Name: _____
Last First Middle Maiden
2. Mailing Address: _____
3. Phone Number: Home: (____)____-____ Office: (____)____-____ Fax: (____)____-____
4. I am a United States Citizen: ____Yes ____No
5. I am a foreign national not physically present in the United States ____Yes ____No. If you answered yes, to this question please sign this form in the presence of a notary and return it with your application. No further documentation is required.
6. Applicants claiming United States Citizenship **MUST** provide one of the following:
 - a) Tennessee Driver's License, or photo ID issued by Department of Safety.
 - b) A valid driver license or ID issued by another state, provided its issuance requirements meet Department of Safety criteria.
 - c) An official birth certificate issued by a U.S. state, territory, or other jurisdiction. Puerto Rican birth certificates issued before July 1, 2010 do not count.
 - d) A federally issued birth certificate.
 - e) A valid, unexpired U.S. passport.
 - f) A report of birth abroad of a U.S. citizen.
 - g) A certificate of citizenship.
 - h) A certificate of naturalization.
 - i) A U.S. citizen ID card.
 - j) Any successor document to #'s a-i above.
 - k) SSN that the entity or local health department may verify with the Social Security Administration in accordance with federal law.

7. If you checked "No" in question 4 please indicate from the list below which category applies to you: (circle one)

- a) Permanent Residents
- b) A nonimmigrant applicant for a professional or commercial license whose visa for entry into the United States is related to such employment, or a nonimmigrant under the Immigration and Nationality Act (8 U.S.C. 1101 *et seq.*).
- c) Asylees who meet the qualifications set out in 8 U.S.C. 1158.
- d) Refugees who meet the qualifications set out in 8 U.S.C. 1157.
- e) Persons who have been "paroled into the United States," under 8 U.S.C. 1182(d)(5) or whose deportation has been withheld under 8 U.S.C. 1253.
- f) Cuban or Haitian entrants as defined by section 501(e) of the Refugee Education Assistance Act of 1980
- g) Persons granted conditional entry into the U.S. under 8 U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity.
- h) An alien who has been "battered" or subjected to "extreme cruelty" by a parent or spouse as defined by 8 U.S.C. 1641(c), and also meets the qualifications set out 8 U.S.C. 1641(c)(1)(B). Under the circumstances set out in 8 U.S.C. 1641(c)(2) and (3), victims' children, or the parents of children who are victims, may also apply for benefits as qualified aliens.

Applicants claiming **qualified alien status** (question 7 above), please submit two of the following forms of "documentation of identity and immigration status" as determined by U.S. Homeland Security to be acceptable for verification through the SAVE program. Common types of documents used to verify immigration status are listed below. (Note: If you can provide only one document, your status will be verified through the U.S. Department of Homeland Security's SAVE program):

I-327 (Reentry Permit)

I-551 (Permanent Resident Card or "Green Card")

I-571 (Refugee Travel Document)

I-766 (Employment Authorization Card)

Machine Readable Immigrant Visa (with Temporary I-551 language)

Temporary I-551 stamp (on passport or I-94)

I-94 (Arrival/Departure record)

Unexpired foreign passport

WT/WB Admission Stamp in unexpired foreign passport

I-20 (Certificate of Eligibility for Nonimmigrant F(1) student status- "student visa")

DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)

I affirm under the penalty of perjury that the above is true and correct.

Signed this _____ day of _____, 20_____

Signature

Sworn to before me this _____ day of _____, 20_____

NOTARY PUBLIC

AFFIX SEAL HERE

My Commission Expires: _____

If an applicant is discovered to be an unqualified alien, or otherwise ineligible for benefits under the Act, all recurring benefits provided to that applicant must be immediately terminated. Anyone who purposefully makes a false, fictitious, or fraudulent claim of U.S. citizenship or qualified alien status will be liable under the Tennessee Medicaid False Claims Act, or Tennessee's False Claims Act. Any person who conspires to defraud the state or any local health department by securing a false claim allowed or paid to another person in violation of the Act may be liable under Tennessee's False Claims Act. Upon discovery of an applicant's false, fictitious, or fraudulent claim of U.S. citizenship, state governmental entities and local health departments must also file a criminal complaint with the United States Attorney.